

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		2			
3	2		2			
4	2		1			
5	1		1			
6	1		1			
7	2		2			
8	1		2			
9	0		2			
10	0		2			
11	0		2			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	12	12	15	17		
TOTAL CLAIMS	14		17			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						